

Subgrantee Database Help Request			
Field Rep Contacted Date:		Help Request Submission Date:	
Subgrantee 4 Letter Code:			
Subgrantee Contact Name:			
Work Email Address:			
Contact Phone #:		Ext:	
Area Where Issue has been Identified (check all that apply)			
Logon	Agency	Contract	Projects
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other Area (describe)			
<input type="checkbox"/>	<i>TIPS (Provide Area(s) in TIPS below; check all that apply)</i>		
General Info	Audit Overview	<input type="checkbox"/>	Building Information
			<input type="checkbox"/>
Enclosure	<input type="checkbox"/>	Heating & Baseload	<input type="checkbox"/>
Health & Safety	<input type="checkbox"/>	Modeling & Reporting	<input type="checkbox"/>
Other (describe below)	<input type="checkbox"/>		
Enter Additional Details Below (include attachment with email if necessary)			
<b>For HCR Staff Only</b>			
Forwarded to SME Date:		Resolved Date:	
<i>Resolution</i>			